

PART B - FEE(S) TRANSMITTAL

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43541 7590 12/15/2005

FAEGRE & BENSON
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2200 WELLS FARGO CENTER
90 SOUTH 7TH STREET
MINNEAPOLIS, MN 55402-3901

02/22/2006 MBERHE1 00000028 09921008

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Lisa J. Johnson (Depositor's name)
 Lisa J. Johnson (Signature)
 February 17, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/921,008	08/02/2001	Daniel G. Schmiel	6683-47USIL	5027

TITLE OF INVENTION: POSTERIOR OBLIQUE LUMBAR ARTHRODESIS

75028 - 309248

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, RALPH A	3732	623-017110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Faegre & Benson LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zimmer Spine, Inc.

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached. deficiencies
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0029 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Scott A. Marks

Date

February 17, 2006

Typed or printed name

Scott A. Marks

Registration No.

44,902

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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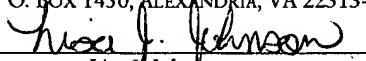
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Daniel G. Schmiel	Examiner: LEWIS, Ralph A.
Appln. No.: 09/921,008	Group Art Unit: 3732
Filing Date: August 2, 2001	NOA Date: December 15, 2005
Confirmation No.: 5027	Docket No. 75028-309248
Title: POSTERIOR OBLIQUE LUMBAR ARTHRODESIS	Customer No.: 43541

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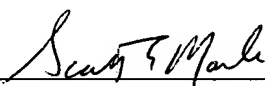

Lisa J. Johnson

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed December 15, 2005, enclosed are a completed Part B Issue Fee Transmittal Form PTOL-85B), Credit Card Payment Form for \$1,700.00 for the required issue fee (\$1,400) and publication fee (\$300), and return postcard.

In the event the amount submitted herewith is insufficient in any respect, the Commissioner is hereby authorized to charge the balance needed to our Deposit Account No. 06-0029 and notify us of the same.

Respectfully Submitted,

By: 
Scott A. Marks, #44,902
Customer No.: 43541

Dated: February 17, 2006

M2:20775687.01